

REQUEST FOR INVESTIGATION

Your Name (Please type or print in ink)

Address

City/State/Zip

(_____) _____
Telephone



Return to:

**Indiana Supreme Court Disciplinary Commission
115 West Washington Street, Suite 1165 South
Indianapolis, IN 46204
Phone (317) 232-1807
TDD for Deaf (317) 233-6111**

I wish to submit the following Request for Investigation and information concerning the following attorney:

Attorney's Name

Attorney's Address

Date Employed Purpose for Employing

Cause Number of Case Court

Agreed Attorney's Fee Total Fees Paid

Nature of complaint against the attorney (use additional pages if necessary; do not write on the back). Please be specific as to dates, names, and events. Include copies (not originals) of documents that support your complaint.

In filing this Request for Investigation, I understand that the attorney will receive a copy. I further understand that I am immune from civil suit for statements I make without malice to the Commission. However, this immunity may be lost if I make the same statements to others. I agree to cooperate with the Commission and to testify at any hearing that may be held.

VERIFICATION

I swear or affirm, under the penalties for perjury, that the foregoing statements are true.

Signature (Only original signatures accepted)

Date

Date Filed (Office use only)

(version 11.1.00)